

# Food Equipment Permit Application

*Office use only*

Permit no.

Site address

Date

Tenant/building name

Suite/unit no.

Applicant is

☐ Architect/engineer

☐ Contractor

☐ Owner

Condominium no.

## Property owner

Name

Phone

Address

City

State

Zip

## Contractor

Name

License no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Architect/engineer

Name

Registration no.

Address

City

State

Zip

Contact person

Phone

Cell phone

## Class of work

*Check only one.*

☐ 1 New

☐ 2 Addition

☐ 3 Alteration/remodel

☐ 4 Maintenance/repair/replace

## Type of structure

*Check only one.*

☐ 01 Single-family residential

☐ 45 Recreational, amusement

☐ 02 Single-family connected to single family

☐ 46 Other non-housekeeping shelter

☐ 03 Residential garage

☐ 65 Industrial buildings

☐ 30 Two-family residential

☐ 70 Public works and utilities building

☐ 31 Three-four family residential

☐ 80 Public schools

☐ 32 Multiple-family residential

☐ 81 Private schools

☐ 40 Offices, banks, professional

☐ 85 Churches and religious buildings

☐ 41 Stores, restaurants, warehouse

☐ 88 Hospitals and institutional buildings

☐ 42 Hotels, motels

☐ 93 Other non-residential building

☐ 43 Parking garage

☐ 95 Fences, signs, antennas

☐ 44 Service stations and repair garage

☐ 96 Other non-building structures

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### Project details

Total value of all food establishment equipment (includes installation) \$ \_\_\_\_\_

Description of work to be done \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated completion date \_\_\_\_\_

I hereby apply for a food establishment equipment permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Bloomington and with the Minnesota Building/Health Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

\_\_\_\_\_  
*Applicant's printed name*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

### Do not write below this line

Inspector no. \_\_\_\_\_

Case no. \_\_\_\_\_

Conditions of issuance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Valuation: \$ \_\_\_\_\_

Plan check fees? ☐ Yes ☐ No

Other fees? ☐ Yes ☐ No Describe \_\_\_\_\_ Amount \$ \_\_\_\_\_

Permit approved by \_\_\_\_\_ Date \_\_\_\_\_

Reference no. \_\_\_\_\_

### Food license

#### Check one

- ☐ Restaurant/grocery (REST)  
☐ School – K through 12 (SCHL)  
☐ Daycare center or preschool (DAYC)

#### Check one

- ☐ FT1R (Food license – Type I)  
☐ FT2R (Food license – Type II)  
☐ FT3R (Food license – Type III)  
☐ FT4R (Food license – Type IV)  
☐ FT5R (Food license – Type V)  
☐ Food catering vehicle (FCV)

#### Enter number of food supplemental (FAS)

- FSH (High)  
 FSM (Medium)  
 FSL (Low)

#### Specific locations of food supplements

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_